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ABSTRACT

In light of the fact that America's families are becoming an increasingly important item on the intervention agenda, the ongoing work of the "To Strengthen Families" Project of Vanderbilt's Center for the Study of Families and Children is described. A model designed from an analysis of values suggesting that America should strive to become the "caring and competent society" is presented. The case of parent education is described to illustrate this societal model. Implications are discussed for the trianing of psychologists and the development of service systems. (Author)

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FAMILIES AND PROFESSIONAL PSYCHOLOGY: POLICY IMPLICATIONS FOR TRAINING AND SERVICE

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Introduction

Many professional psychologists are activists who rarely question the values served by their interventions. As the situation of America's families becomes an increasingly important item on the intervention agenda, the time is past due for asking why psychologists and others concerned with human welfare have so readily adopted the family cause.

Joseph Featherstone (1979) suggests that family matters are of emerging importance because we are realizing that the family matters. Intellectuals are rediscovering the family, according to Nathan Glazer (1978), because of matters such as the situation of America's black families, the women's movement, the anti-women's movement, middle-class uneasiness concerning changes in parent-child relationships, and concern over the growing encroachment of the state in the private lives of its citizens. Glazer notes a similarity of outlook on the family "whether we call ourselves radicals or liberals or conservatives, and whether we argue from history, psychoanalysis, or demographic and economic analysis" (p. 56).

Debate over family matters often focuses on the role of professionals in society. Featherstone (1979) observes that "the family is emerging as a key symbol in an ongoing assault on institutions and professions, a continuation of Romantic mutinies against a modern professionalized service society"(p. 54). One of the most articulate members of the anti-professional assault wave is social historian Christopher Lasch. In his latest book, Lasch (1979) traces many of the problems of what he terms America's "narcissist culture" to professionals who have arrested people's personality development by making them dependent. In an earlier book, Lasch (1977) saw

the family as particularly vulnerable to the negative, dependency-inducing influence of the helping professions. In effect, he sees the family as besieged and weakend in performing its myriad instrumental and expressive functions. Of course, there is another side of the debate, and highly recommended is Garry Wills's (1979) recent book, Confessions of a Conservative, for a reasoned defense of bureaucrats and professionals as necessary agents for dealing with a maddeningly complex world.

A particularly balanced statement concerning families and professionals is offered by Featherstone (1979, pp. 46-47):

> The problematic, sometimes sinister, and often tragic role that professionals play in dispensing services in a multi-ethnic and profoundly unequal society is one thing. The assumption that we can water down and dispense with the services we now have is something else. Our suspicions of bureaucracies and professionals has a great deal of validity: it is a valuable and enduring truth that self-perpetuity is the dominant impulse for most organizations. The professions are, at least in part, in conspiracy against the laity [cf., Bledstein, 1977]. So far, the revisionists [referring to Lasch (1979) and Keniston and the Carnegie Council on Children (1977)] have had some useful warnings to sound. The ideal of professional services is not so valid as the old working-class vision of fraternity or even the older Christian ideal of love and charity. Unfortunately not one of these three admirable ideals has sufficiently strong roots in our public life. In a time of financial crisis, people are tearing down pathological professional and bureaucratic structures without

> much attempt to put anything in their place . . . [There are] two things generally missing from current policy perspectives. One is that many people do in fact need help. The second point is that public policy ought to be about helping to provide contexts in which people could help each other. . . The challenge is to frame contexts which offer families more choices about the kinds of help they receive. Help should augment family life, rather than diminish it.

And it is these family strengthening and enabling family policy contexts proposed for development by Featherstone to which we turn in the remainder of this paper.

The Caring and Competent Society[1]

What follows are ideas emerging from the "To Strengthen Families" policy research project of Vanderbilt's Center for the Study of Families and Children.

The historical and current debate on what is the most appropriate approach to public policy ultimately reduces to the issue of the relationship of individuals to the collectivity. In the family policy domains the issue is the relationship of individuals and their families to the collectivity. The prevailing approach in the United States has emphasized the values of (a) independent, strong, competitive individuals and families, and (b) a state that operates according to economic principles, intervening

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[1]This section is an edited excerpt from Dokecki and Moroney (Note 1).

as little as possible consistent primarily with the well-being of the economy and secondarily with limited humanitarian concerns. Although the twentieth century has witnessed a remarkable increase in scope and quantity of social interventions--seemingly contrary to our valuing of the minimalist state--the prevailing individualistic-cum-economic value basis for intervention has remained virtually unchanged.

We propose that traditional social policy values be reevaluated, and that consideration be given to the implications of shifting societal emphases (a) from valuing the atomistic individual and family to valuing the individual and family within community and (b) from valuing a society based on economics to valuing a society based on human development. These shifting value emphases would signal a shift from a reactive and residual approach to social policy to one that is forward-looking, universalistic, and preventive. The state would strive to become the Caring Society.

Social policy based on community and human development requires a new set of first principles. It would be recognized that industrialization and modernization have given rise to stresses and consequences that affect all people, not just an exceptional portion of the population. Society would be built on the premise that social welfare is a collective responsibility, resting its moral claim on the ethics of mutual aid and cooperation.

The concept of the Caring Society is neither new nor radical--indeed, concepts closely related to it were espoused by Thomas Jefferson (Wills, 1978). It is different from prevailing American social thought, however, in rejecting the concept of an atomistic society with its emphases on self-interest and

competition. It is an image of society built on the idea of community, a society in which individuals and families avoid alienation and have a sense of social identity and belonging. Self-interest is redefined to be best achieved through concern and action on behalf of the well-being of others.

It is important to distinguish between the concepts "Caring Society" and "Welfare State." In the Welfare State, artificial mechanisms, institutions, and programs are required to prevent and ameliorate social problems brought on by modern societal conditions. In effect, we live in the Welfare State. The Caring Society is a social ideal, a heuristic device, a yardstick for assessing society, a concept describing a goal--probably never achievable--toward which the Welfare State should aspire. In the ideal Caring Society people would naturally care for each other and expect such care in return. The concept would spur us to immediate action and would serve as a reminder that social policy should actively work for social welfare by gradually reducing the need for the state to assume the major responsibility for meeting the needs of its citizens through intervention and direct provision of services. It points the way toward social policy that would enhance individual, family, and community responsibility and stimulate altruism and voluntarism. Paradoxically, movement toward the Caring Society would at first require expansion of services in order to create social conditions that would eventually require less formal services. Service professionals would take seriously the nostrum to work themselves out of jobs.

In our explication of the Caring Society concept with its emphasis

on collective responsibility, mutual aid, and cooperation, we argue against the development of future social policies that limit intervention to situations where families are unwilling or unable to perform traditional family functions. We argue instead for shared responsibility between families and the state and for social policies that are not limited to crisis intervention (Moroney, 1976). Moreover, we view parents as the key agents for child rearing, with the role of the state being to support rather than substitute for families in pursuit of human development (Dokecki, Strain, Bernal, Brown, & Robinson, 1975).

The basic value assertion or first principle of the Caring Society is that human social development -- defined as the continual broadening of human experience and perfection of human social relations over the life cycle--should be the aim of society. We should strive in the present to develop ourselves, and especially our children, into socially competent people, into better and better future citizens, into citizens who will create and support a just, democratic, human, and caring community and social order. Thus, we speak of the Competent Society as well as the Caring Society. Families are critically important vehicles and instruments in moving toward the Caring and Competent Society, and strengthening families is thereby an important subject of public policy. Strengthening families is both a societal end and a means to achieve superordinate ends.

Consider the proposition that families are major social service delivery systems, complementing in important ways the social service responsibilities of the state. Moroney (1976) documented in the United Kingdom, and is replicating the finding in the United States, that families and the state exist in a delicate and crucial transactional relationship. As he has

expressed it:

> The amount of social care provided by families far exceeds that undertaken by the State. It is impossible, furthermore, to assign a monetary value to it, and it is inconceivable to speculate the cost involved if the State were to become the primary caring institution. Furthermore, the State through its social welfare system cannot take over one of the most basic social functions, the provision of emotional support. . . . A caring society must involve some sense of a shared responsibility. The essence of sharing is a recognition of the contribution that families are making and a serious attempt to move from a unilateral relationship to one based on exchange. (pp. 138-139)

The conclusion is indisputable that society has a legitimate role to play in the functioning of American families; however, it is equally indisputable that more caution and careful deliberation must inform public policy than has been the case throughout our nation's history (Bane, 1976; Keniston et al., 1977; Lasch, 1977, 1979).

The goal of strengthening families involves, at least in part, (a) improving the capacity of families to master a broad range of developmental tasks, (b) improving the quality of intrafamily systems and family relations with external systems, (c) minimizing potentially harmful stresses affecting the family, and (d) improving the operation of liaison or linkage functions related to social resources and supports needed by families (Newbrough, Dokecki, Dunlop, Hogge, Simpkins, Barnes, Boggs, Innes, Percy, & Robinson, 1978).

First, families within a human development framework are viewed as moving through developmental phases from childless married couples, through several phases defined by the presence of children of varying ages, and finally to aging families. Each phase requires family tasks to be mastered, such as physical maintenance, protection, socialization, social control, reproduction, and development of independent behavior (Hill & Mattessich, Note 2). Social policies to strengthen families would involve supporting families in their ability to master these tasks.

Second, families are also viewed as small systems operating in relationship to societal institutions and systems. Intrafamily systems include units such as the individual, marital dyad, parent-child dyad, sibling sub-system, and the nuclear family. The family system also transacts with extrafamily systems, such as the extended family, the neighborhood, schools, and other service bureaucracies, the community, the world of work, and the marketplace (Mattessich, 1976). Strengthening families here would involve facilitating the operation of this network of social systems.

A third aspect of strengthening families in pursuit of the Caring and Competent Society would be developing families' capacity to handle stress constructively. Family stress has two components: tension and overload. Chronic interference with daily family functioning produces tension or strain, and acute stress that requires extraordinary family coping and the use of reserve resources to preserve family stability results in potentially dangerous overload.

Fourth, liaison theory and practice (Dokecki, 1977; Hobbs, 1975; Newbrough, 1977; Williams, 1977) has underscored the importance of linkages (shared plans of action) between families in need of help or support and

available social supports. Strengthening families, therefore requires the development of liaison functions to identify and mobilize family resources and supports.

We do not argue that the human development approach just explicated presents a complete agenda for family policy. Much of the stress experienced by families is caused by external factors, factors that must be addressed if families are to become effective care givers. Included are insufficient income, inadequate shelter, and meaningless or dehumanizing employment. Although our project does not centrally address these critical areas of social policy, we recognize their influence. The decision to focus on human development was made for two reasons. First, other studies have made recommendations related to income, housing, and employment policies (e.g., Keniston et al., 1977; National Academy of Science, 1976). The second reason for this decision is more fundamental. Economic recommendations, if implemented without attention to service issues, would affirm the historical view that social welfare policies have as their primary purpose the provision of a social minimum. We grant that these recommendations may be more sensitive to actual need than previous policies have been, and that they are concerned with economic benefits being guaranteed as rights. But they still define as the purpose of intervention the elimination of poverty and social pathology and not the enhancement of the welfare of all; they still emphasize subgroups within the general population; and, finally, they still tend to emphasize indirectly the idea that families with adequate income, housing, and meaningful work are unlikely to need support in carrying out family functions. It is our contention that if better equalization of economic resources is achieved through a redistrubution strategy, if economic stresses are minimized, and if the material well-being of families is improved, families will still need

support in carrying out child-rearing functions. In a sense, these economic policies should be seen as prerequisite not final, necessary not sufficient solutions.

The overarching concern of our project is to identify ways in which policies affecting families with young children can be designed so that parents are enabled to maintain and enhance their capabilities for making intelligent choices and managing resources in the interest of their children. Our view of society is one that is built on the values of community, human development, social competence, mutual aid, cooperation, reduction of alienation, and shared responsibility. It is a view of a society that moves beyond the value of self-interest and atomism to the value of collective well-being--toward the Caring and Competent Society.

If the Caring and Competent Society is to be pursued, existing preoccupation with economic values must be balanced with and transcended by first principles based on social and human development values. The current approach of the Welfare State must be modified. If families are strengthened to carry out functions that are rightly theirs--specifically, if parents are supported in the critical task of child rearing through child-care, parent-education, and related service policies--and if all families are seen as potentially benefitting from such supportive social policies, the foundation for the Caring and Competent Society will have been laid.

The Case of Parent Education[2]

One aspect of the "To Strengthen Families" Project involves developing public policies in the area of parent education. Toward that end, and

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[2]This section is an edited version of Roberts (Note 3).

growing from our notion of the Caring and Competent Society, we have developed a model for parent education to guide policy development and professional practice.

Formal parent education programs, for the most part, have been disappointing, characterized by low levels of parent participation and relatively low effectiveness. One might conclude either that parents do not need educating or that parents do not want to be educated. Neither of these conclusions is warranted; rather, the problem lies in the way parent education has been conceptualized and presented. Specifically, the attitudes and assumptions of professionals interfere with effective parent education efforts. Parent educators typically assume that parents are less than competent adults, with limited experiential knowledge of children and little basic child-rearing information. In addition, parents are not consulted as to their expectations or desires for information, and the basic method of presentation is usually the lecture with little or no chance for the parents to practice or obtain feedback about their learning.

It is perhaps understandable that professionals consider their knowledge somehow superior to parents' knowledge, especially considering the educational process required for becoming a professional. Unfortunately, such an attitude gives rise to an arrogance that is intollerable to many parents. We suggest that the knowledge of professionals is different from that of parents -- complementary not superior. Professionals have a great deal of knowledge about children as a group and about children in particular situations (such as the laboratory or the clinic). Parents, for their part, know much about their own children as individuals and about

the particular environment in which they live. Thus, the two kinds of knowledge are different, but both are useful in providing for the care of children.

The problem with most parent education efforts to date has been the view of professionals as "knowledge-givers" and parents as "knowledge-receivers", rather than the two as partners sharing their separate understandings of children. Professionals go so far in most cases as to determine what parents need to know without even consulting them. This practice appears to come from the basic teacher-student model that is common in the education of children. One major step in improving parent education practice, then, is to reconceptualize it as a form of adult education. There are data and theory about adult education that can form a basis for this reconceptualization.

According to Knox (1977), when adults engage in "systematic and sustained learning activities, their intent is to modify performance" (p. 406). Competence rather than mere information is crucial. In order to obtain the active participation of adult learners, the learner should help in identifying educational objectives and the methods of learning. To enhance learning, time should be spent identifying the learner's expectations and related previous experience and knowledge. Says Knox, "the person's current understanding of the topic or problem is typically organized around his or her previous encounters with it" (p. 428). Self-directed adult learners usually reflect upon their previous experiences and expectations and select educational objectives that are congruent with them. Non-self-directed learners may need as much as one-fourth of the educational time for this same process, and they will probably

require the help of a teacher. But the time is well spent in terms of outcomes.

Knox suggests three ways to assist adults in acquiring a more positive approach to education:

> (1) to help them use intentional learning activities to cope with changes and adjustments in their life.
>
> (2) to help adults become more aware of role models who have already acquired the competency they desire.
>
> (3) to create settings in which adults have the freedom to explore within democratic limits both the achievement of their current educational objectives and the discovery of additional desirable objectives. (p. 430)

Knox cautions that when adults who are in learning situations by choice experience content dissonant with previous knowledge, they may react in one of three ways: (a) pursue the new content with greater vigor, (b) distort the new content in order to make it "fit" previous understanding, or (c) leave the learning endeavor. One factor that hampers learning efforts is the idea many adults have that they must master new material immediately. And a related problem is having to "unlearn" conflicting previous knowledge. Most adults learn best in self-paced situations, where they can choose the type of method to be used for learning (book, film, lecture, discussion, etc.), and where frequent and specific feedback is given.

Given a change in attitude based on viewing parents as competent adults ready for adult education, how should parent education be reconceptualized? We suggest that parent education be viewed as a resource, one among many,

that is needed to enable parents to rear their children well. From this perspective, parents are the agents who maintain for their families the balance between overall resources and needs. Needs vary considerably from family to family and within one family over time; therefore, parent education must be tailored to the needs of individual families through a careful process of needs assessment.

Assessment of needs can be intuitive or systematic. For most people, basic needs are identified through an intuitive process that works fairly well. One difference between "ordinary people" and professionals, however, is that professionals are taught systematic means for assessing needs. It might be assumed that systematic assessment is more comprehensive and, therefore, more accurate than intuitive assessment. Unfortunately, professionals tend to focus on narrow classes of needs determined by their specialties, and sometimes fail to see the total situation. Thus, doctors tend to see physical needs and may overlook social or economic needs; psychologists tend to see psychological needs and may overlook physical or spiritual needs; and so on. By the same token, the average person is usually keenly aware of surval needs -- food, clothing, shelter -- but may not be aware of the finer points, such as the need for trace elements in the diet or the need for a premature infant to be kept within a small temperature range.

Who then shall assess needs: professionals, parents, or both? We suggest that only when professionals and parents jointly participate will the needs of the family be best served. There is, interestingly, a movement within the health care system to "deprofessionalize" the assessment of health

needs and make a much greater range of information available to the lay-person than has been true in the past (Levin, 1976). The same approach could be used in parent education to good advantage. Parents should be provided with information about how to identify their own parent education needs and where to go to obtain what they need. Professionals would have to be willing to share their knowledge, however, and a much wider range of parent education resources than currently available would have to be provided before a parent-professional alliance could become effective.

The role of the professional should vary with the ability of the parents to assume the assessment function. Some parents may be able to assess most of their parent education needs; others may not recognize even their most obvious needs. Chamberlin (1977), in an article written for pediatricians but applicable to psychologists, stated, "...as long as extremes are avoided, the pediatrician should avoid inflicting his favorite ideology of child rearing on the parents and support what they are doing as long as the child is adapting well to the approach being used" (emphasis added, pages not numberd). The key here is the response of the child. If the child is developing well and is basically happy and well cared for, then the professional might offer suggestions, but intrusive intervention is not appropriate. If the welfare of the child is at stake, then the professional has a responsibility to intervene more aggressively. It should be realized, however, that most parents want the best for their children. Even parents who abuse their children, for the most part, prefer not to do so. Thus, intervention to protect a child from inadequate parenting should avoid creating a competitive alliance with the child against the parents.

Rather, whenever possible, parents should be supported to work for the welfare of the child. A related perspective is to view the child as a member of a family system, not the focal point around which the world revolves. There would be more tolerance for the humanity of parents if professionals would remember that parents mediate between the child and the world as well as act as the primary caregivers for the child. Thus, the assessment of needs is a multifaceted joint venture between professionals and parents.

Based on work in the health field by Tubesing (1979), we conceptualize parent education needs as ranging along a continuum. For convenience we divide the continuum into four levels, levels that are not static or mutually exclusive. Most parents fall into more than one of the four levels over time, and at any given time parents may be at more than one level depending on which areas of parent-child relations are assessed.

Level I contains that large groups of parents who provide well for their children on a day to day basis and whose children reflect that good care. These parents evidence no obvious parent education needs, although they may profit from anticipatory guidance as discussed subsequently. These parents often avail themselves of written materials on child rearing and discuss their childrearing with friends and relatives.

In Level II is a group of parents who manage well most of the time, but who are somewhat uneasy about their childrearing skills. These parents may seek assistance around specific childrearing issues. In this group also are parents who unknowingly engage in certain child-rearing practices that are likely to lead to difficulties in the future. They evidence a need for parent education, but the need may not be obvious to themselves or to non-

professional observers.

In Level III are parents who evidence parent education needs that are obvious to everyone because of difficulties their children have in relating to the parents and to other persons in their environment. Still, these parents are doing many things well in providing for their children, and they are a long way from abdicating the parent role.

Finally, in Level IV are parents whose social, emotional, and material resources are not sufficient to provide for the growth and developmental needs of their children. In this group also are certain parents of children with special needs, such as handicapped children. Parents in this level are those in the greatest need for parent education (and other assistance).

Since parents have a range of parent education needs, it follows that professional responses to those needs must be varied. We conceptualize professional responses within a hierarchy. The simplist and least intrusive level is the provision of anticipatory guidance delivered in the prospective mode of professional response. In this mode the professional literally "looks forward" to future developmental needs of the child and to problems that commonly accompany those needs. The professional engages parents around anticipated developmental resources and offers suggestions that may be useful in preventing problems that commonly occur. This mode of response is appropriate for all levels of parent education needs. It may be the only professional response that is appropriate for Level I parents.

The second level in the professional response hierarchy is the resource mode, wherein the professional is available to parents who

initiate inquiry into child-rearing issues. The professional responds to the parent's specific inquiry and provides anticipatory guidance where appropriate. Those who are unwittingly "setting up" patterns of behavior that are likely to be troublesome later may also be involved. The resource mode is particularly appropriate for parents in Level II of parent education needs.

The third level of professional responce is the collaborative mode, wherein either the professional or the parent may initiate parent education approaches. The parent and professional work together to identify possible solutions to obvious problems causing difficulty for the child. New parents who know little about infant care might also be involved. They often have concern about parent education, but may have only vague ideas about what they need to know. Important in this approach is the sharing of knowledge between parent and professional so that the best care may be given the child. Within this mode, the professional will also act as a resource and will provide anticipatory guidance in order to prevent future problems. This professional response mode is especially useful for parents in Level III.

Finally, for parents in Level IV the professional may have to act in the protective mode to protect the child and sometimes to protect the parents. Direct intervention may be required, and sometimes children must be temporarily or permanently removed from their parents' care. Even when this happens, however, the professional should keep in mind the needs of the parents, and to the extent possible, respond in the collaborative, resource, and prospective modes as well as in the protective mode.

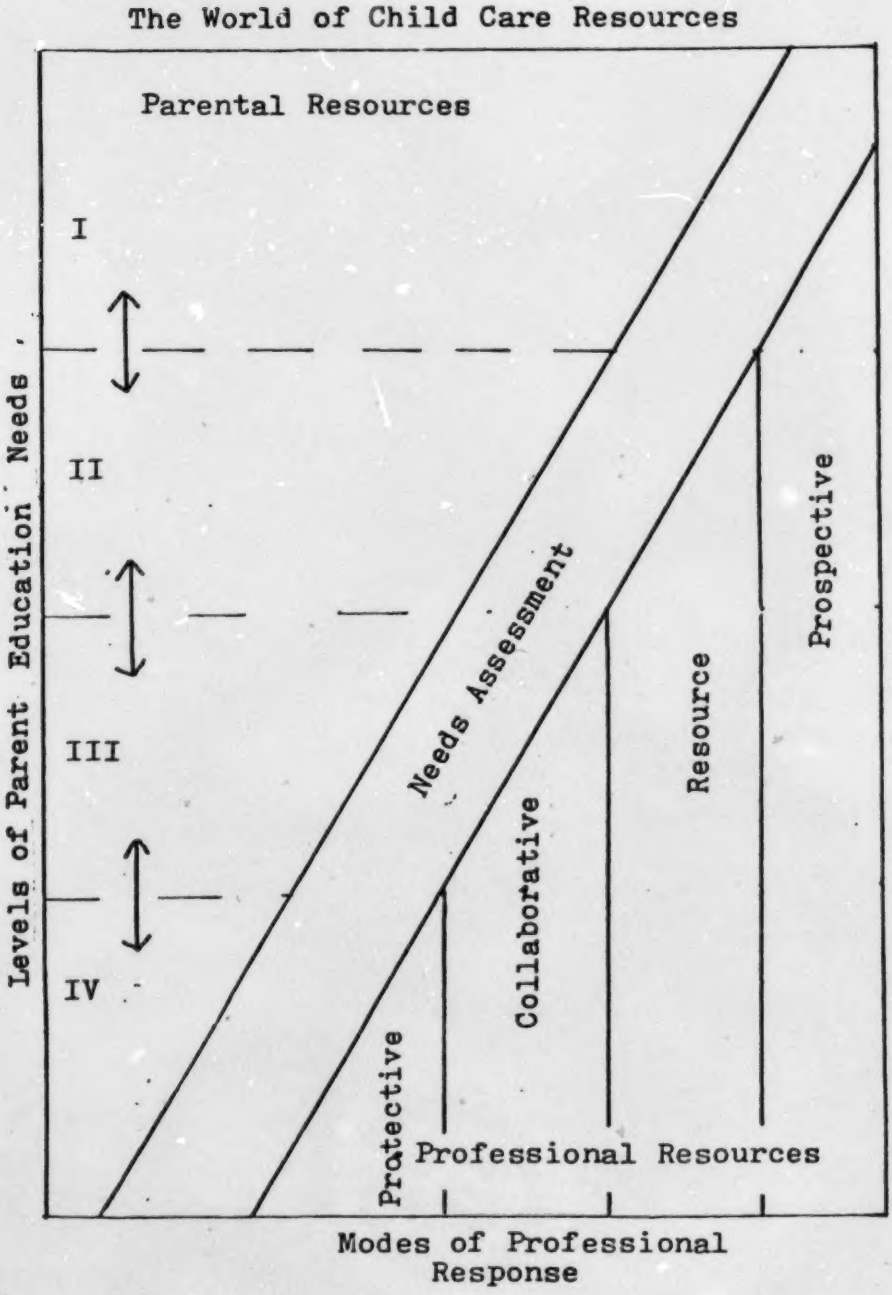
As a concluding point, we offer the propositon that the goal of

parent education is to assist parents to move upward on the continuum of parent education needs to Level I, where they are capable of providing well for their children without the intrusive intervention of professionals. In other words, the goal of professionals is eventually to work themselves out of a job. It is not likely, however, that parent education needs will totally disappear. Rather, it is hoped that parent education resources can be more widely distributed to parents at all levels of need so that all parents can benefit from those resources.

The major aspects of our reconceptualization of parent education can be summarized in a graphic model (See Figure 1). The world of child rearing resources is represented as an upright rectangle divided along a diagonal axis into two sections: parent resources and professional resources. (At no point in the model are the relative sizes of the sections intended to be representative of actual quantitative values.) Horizontally, the model is divided into four levels to correspond with the levels of parent education needs discussed earlier. It should be noted, however, that the lines are open and that movement between levels is indicated by arrows crossing the lines. The professional resources are divided vertically into four bands representing the four modes of professional response. The protective mode extends from the bottom of the diagram to the line between levels IV and III; the collaborative mode extends across levels IV and III; the resource mode crosses levels IV, III and II; and the prospective mode extends across all four levels, indicating the suggested appropriateness of the modes in relation to the levels of parent education needs. Running between the parental resources and professional resources

Figure 1

A Model for Parent Education



is a band labeled "needs assessment," indicating the central role of needs assessment and shared responsibility. No two-dimensional model can portray the complexities of the real world, but it is hoped that this model and the position which it represents may be useful in defining parent education as a means of strengthening families.

Conclusion

Our approach to parent education illustrates the direction in which the "To Strengthen Families" Project is moving. We are operating in the spirit of Moroney's (1978, p. 220) statement:

> Required now are services that ease the ... task of the family. The professional role is to find out what help the family would like. The family retains the primary responsibility and the professional is supportive. The emphasis is on a sharing relationship that recognizes the contribution of the family. This concept suggests new roles, new functions and different perceptions of social services. It is based on the principle that if families are caring, they should be supported by a caring society and its social welfare system.

Operating from this perspective we plan to identify options in the areas of child care and parent education, evaluate the relative merits of these options, and offer implementation and evaluation guidelines for the most promising options. Given the issues discussed in this paper, it is clear that policies affecting the training of professionals and the services they deliver will be central to our continuing work.

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